

ORIGINAL

IN THE UNITED STATES DISTRICT COURT  
FOR THE Northern DISTRICT OF TEXAS  
DIVISION

U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS <b>FILED</b> <b>MAR 20 2006</b> CLERK, U.S. DISTRICT COURT By <u>[Signature]</u> Deputy
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Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

John David Shockley 05084419

Plaintiff's name and ID Number

500 Commerce 6-P-10  
Dallas, TX 75202

Place of Confinement

Dallas County Jail

CASE NO. \_\_\_\_\_

(Clerk will assign the number)

v.

**3 - 06 CV 0.51.1. - P**

US FOODSERVICE, INC.  
Defendant's name and address

MERCURY INSURANCE PO BOX 204330 Austin, TX 78720  
Defendant's name and address

Teresa Myera 707 EASY ST. Garland TX 75042  
Defendant's name and address  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

**FILING FEE AND IN FORMA PAUPERIS**

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$150.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$150 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? ✓ YES ☐ NO ☐
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 2-06
2. Parties to previous lawsuit:  
Plaintiff(s) John David Shockley  
Defendant(s) UTMB
3. Court: (If federal, name the district; if state, name the county.) Northern Dist.
4. Docket Number: No. 3:06 - CV - 0223 - 14
5. Name of judge to whom case was assigned: \_\_\_\_\_
6. Disposition: (Was the case dismissed, appealed, still pending?) pending
7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: Dallas County

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?

YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff:

John David Shockley 05084419  
500 Commerce  
Dallas TX, 75202

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: US foodservice, Inc. (MAC Risk Mgmt)  
PO Box 200001 Woodstock, GA. 30189-9861

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

A US foodservice 18 wheeler hit Teresa Myero and I on Aug 1, 05  
causing injuries to my body. No compensation provided.

Defendant #2: Mercury Insurance PO Box 204330, Austin TX.  
78720

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to provide PIP coverage for my injuries.

Defendant #3: Teresa Myero 707 EASY St. Garland TX  
75042

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Witheld her insurance info therefore denying me Medical  
benefits and treatments from Aug 1, JAN 06

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

\_\_\_\_\_

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

\_\_\_\_\_

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

on Aug 1 05 Teresa Myers And I (passenger) in her car were hit by A Barton Ribbideaux driver US foodservice Semi truck on Abrams pkwy @ 8<sup>46</sup> A.M. US foodservice has Assumed fault And issued claim 17575. but has failed to offer settlement. Mercury Insurance issued me claim 2C 901886-58 but has failed to provide "PIP" Coverage. TERESA Myers (insured) maliciously denied her Insurance info to me until Jan '06 in which she only gave me "Mercury" she has caused me to suffer greatly and delayed my Ability to receive Med. treatment

## VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Order: US foodservice to settle claim with me: \$ 250,000<sup>00</sup>,  
Mercury Insurance PIP \$5,000 And \$ 100,000,000  
Teresa Myers punitive damages of \$ 250,000<sup>00</sup>

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

David Shockley

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you. # 908255 TDC

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed?

YES ☐ NO ☒

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied?

YES ☐ NO ☐

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES ~~NO~~

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Approximate date warnings were imposed: \_\_\_\_\_

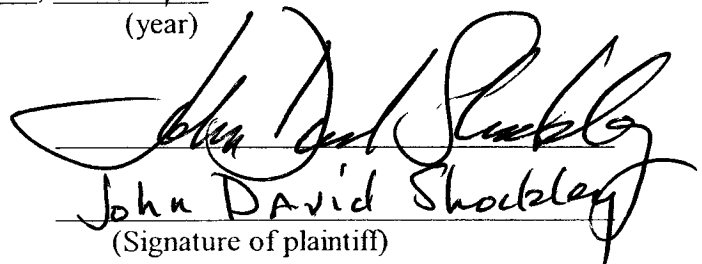
Executed on: 3-15-06  
DATE

  
(Signature of plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$150 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 15 day of 03, 06.  
(Day) (month) (year)

  
John David Shockley  
(Signature of plaintiff)

**WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.**

to settle claims: Rep. Peggy McCarthy  
781-298-2633  
Can verify fault and Accident.

She instructed me to initially receive  
benefits from Teresa Myers Insurance  
Carrier. I told Teresa and  
She refused to provide Info!

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I was injured on Aug 1 05

I went to Jail on Oct 21, 05

from Aug 1 to Oct 21 05. I had  
no way to receive medical Attention  
due to Negligence, Misconduct And  
Deliberate Indifference of Teresa Myers.  
Failure to provide me with her Insurance  
info!

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Witness: Bob Shockley 6802 Williamson Rd  
Dallas TX 75214  
214-821-0597

Attachment:

Deliberate Indifference:

Teresa Myers was injured, went to Doctor received treatment yet denied her passenger Access to her insurance into because she says I am not hurt And she cannot afford to have her rates go up.

Teresa never reported this Accident to her insurance nor The Texas Dept. of public Safety as required by State Law.

As A result I have suffered with injuries to my Neck, Back, lt knee and left Shoulder from Date of Accident until now.

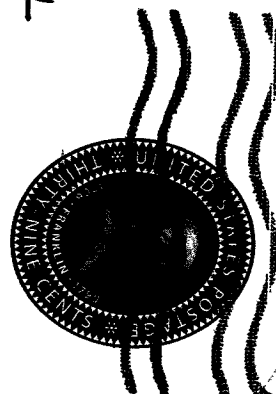
Teresa Myers has spread lies to her insurance carrier My Father, her family and US foodservice maliciously and gone out of her way to hinder my ability to legally process my claim and receive much needed medical attention.

I was hit by a US foodservice truck and injured due to negligence of the driver. I have NO insurance and cannot receive any help from US foodservice, mercury or Teresa Myers. because I cannot afford to pay for it.

John David Schockley  
500 Commerce  
Dallas TX  
75202  
# 05084419

X-RAY

DALLAS TX 752  
17 MAR 2006 PM 7 L



UNITED STATES District Court  
Northern District of Texas  
Office of the Clerk  
1100 Commerce, Room 1452  
Dallas TX 75242-1495

RECEIVED

MAR 20 2006

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS

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1100 Commerce, Room 1452  
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